

SUMMARY OF MATERIAL MODIFICATIONS

To the Summary Plan Description for City of Hialeah

Plan change effective on: June 1, 2016

Group Number: 715665

A Summary Plan Description (SPD) was published effective January 1, 2016. The following are modifications and clarifications that are effective June 1, 2016. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD is your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

- A. The Plan is amended to include the Medicare Crossover program. The Medicare Crossover program pertains to the coordination of benefits for Part A (hospital) and Part B (medical) claims including durable medical equipment (DME) claims. The Medicare Crossover program involves claims for both plan participants and their Medicare-eligible dependents.**

Medicare Crossover is the method by which Medicare, as the primary payer, automatically forwards Medicare Part A and Part B, including DME, claims to a secondary payer for processing. The program provides ease of administration for Medicare recipients, eliminating the need to submit a paper claim or copy of the explanation of Medicare benefits to the Claims Administrator. It does not apply to Part C (Medicare Advantage plans) or Part D (prescription drug expenses).

Medicare Crossover Program

The Plan offers a Medicare Crossover program for Medicare Part A and Part B and Durable Medical Equipment (DME) claims. Under this program, you no longer have to file a separate claim with the Plan to receive secondary benefits for these expenses. Your Dependent will also have this automated crossover, as long as he or she is eligible for Medicare and this Plan is your only secondary medical coverage.

Once the Medicare Part A and Part B and DME carriers have reimbursed your health care provider, the Medicare carrier will electronically submit the necessary information to the Claims Administrator to process the balance of your claim under the provisions of this Plan.

You can verify that the automated crossover took place when your copy of the explanation of Medicare benefits (EOMB) states your claim has been forwarded to your secondary carrier.

This crossover process does not apply to expenses that Medicare does not cover. You must continue to file claims for these expenses.

For information about enrollment or if you have questions about the program, call the telephone number listed on the back of your ID card.